

Christopher C.A. Clack

PLAINTIFF/PETITIONER/MOVANT'S NAME

F-98816, MI-01-059L

PRISON NUMBER

Calipatria State Prison

PLACE OF CONFINEMENT

P.O. Box 5008

ADDRESS

FILED

2008 MAY 19 PM 3:17

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY Rm DEPUTY**United States District Court
Southern District Of California**Clack, Christopher

Plaintiff/Petitioner/Movant

v.

San Diego County Sheriff's Department

Defendant/Respondent

Civil No. 08-0624 IEG (RBB)

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**I, Christopher Charles Alexander Clack

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)If "Yes," state the place of your incarceration Calipatria State PrisonAre you employed at the institution? ☒ Yes ☐ NoDo you receive any payment from the institution? ☒ Yes ☐ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant Christopher Charles Alexander Clack
 (NAME OF INMATE)

F-98816 F-98816
 (INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at

Calipatria State Prison
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 6.00

and the *average monthly deposits* to the applicant's account was \$ 6.00

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

5-13-2008
 DATE

M. J. Pope CCI
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

M. J. POPE
 OFFICER'S FULL NAME (PRINTED)

CORRECTIONAL COUNSELOR I
 OFFICER'S TITLE/RANK

REPORT ID: TS3030 .701

REPORT DATE: 02/29/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
R.J.DONOVAN CORR. FACILITY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU FEB. 29, 2008.

ACCOUNT NUMBER : F98816 BED/CELL NUMBER: F41900000000229U
ACCOUNT NAME : CLACK, CHRISTOPHER CHARLESA ACCOUNT TYPE: I
PRIVILEGE GROUP: U

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/01/2008		BEGINNING BALANCE					0.20
02/14	DD30	CASH DEPOSIT	4235/HU		13.50		13.70
02/15	W501	SHIPPING CHAR	4283/UPS			3.40	10.30
02/19	FC04	DRAW-FAC 4	4293/F43RD			8.00	2.30
02/21	W515	COPY CHARGE	4350/FEB08			0.80	1.50
02/21	W515	COPY CHARGE	4350/JAN08			1.30	0.20
02/21	W515	COPY CHARGE	4350/FEB08			0.20	0.00
02/25	DD30	CASH DEPOSIT	4397/POBOX		22.50		22.50
02/25	W515	COPY CHARGE	4419/FEB08			0.20	22.30
02/26	W512	LEGAL POSTAGE	4439/FEB08			0.80	21.50

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/14/07 CASE NUMBER: *SCD201867
COUNTY CODE: *SD FINE AMOUNT: \$ 162.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
02/01/2008		BEGINNING BALANCE		162.00
02/14/08	DR30	REST DED-CASH DEPOSIT	15.00-	147.00
02/25/08	DR30	REST DED-CASH DEPOSIT	25.00-	122.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.20	36.00	14.70	21.50	0.00	0.00

CURRENT
AVAILABLE
BALANCE

STATE OF CALIFORNIA

INMATE WORK SUPERVISOR'S TIME LOG

DEPARTMENT OF CORRECTIONS

DISTRIBUTION:
WHITE - WORK SUPERVISOR
YELLOW - INMATE

CDC 1697 (5/92)

CDC NUMBER E98816	INMATE'S NAME CLACK, C	ETHNICITY BLK	MONTH APRIL	YEAR 2008
JOB TITLE P-ROGRAM CLERK	POSITION NUMBER CLK-M 620	PAY RATE (HOURLY) .19	REGULAR DAYS OFF 5/30	HOURS OF ASSIGNMENT 0630/1130/1200/1400
SUPERVISOR'S NAME (PLEASE PRINT) CRUZ		TITLE 40	SUPERVISOR'S SIGNATURE <i>[Signature]</i>	
			DATE INITIATED 4-1-08	

D A Y	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	TYPE OF TIME	MIN MET	TIME KEEPER'S SIGNATURE	D A Y	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	TYPE OF TIME	MIN MET	TIME KEEPER'S SIGNATURE
1	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	17	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
2	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	18	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
3	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	19	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL					R	Y	
4	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	20	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL					R	Y	
5	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL						R	Y	21	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
6	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL						R	Y	22	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
7	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	23	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
8	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	24	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
9	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	25	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
10	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	26	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL							
11	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	27	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL							
12	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL						R	Y	28	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
13	<input checked="" type="checkbox"/> RDO <input type="checkbox"/> HOL						R	Y	29	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
14	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	30	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y
15	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	31	<input type="checkbox"/> RDO <input type="checkbox"/> HOL							
16	<input type="checkbox"/> RDO <input type="checkbox"/> HOL	0630	1130	1200	1400	7	X	Y	TOTAL DAYS MINIMUM MET 30		TOTAL X HOURS WORKED 154		X PAY RATE 19.29-26		- TOTAL PAY 29.06		

ENTER DATE(S) AND REASON(S) IF EXCEPTIONAL TIME (A,E, AND/OR S) USED:

TRANSFERRED IN (DATE):

3-26-08

DMS #

TRANSFERRED OUT (DATE):

DMS #